

1320

CAUSE OF DEATH. If any item can not be obtained insert word "unknown." In every effort may be proper. If possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

248 State Index No. 516

County MaricopaDistrict KugmanTown KugmanOr City Kugman

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 23Local Registrar's No. 23

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Thomas Hale Bacon

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White Indian Black Chinese Mexican SINGLE MARRIED WIDOWED OR DIVORCED

DATE OF BIRTH May 27 1913
(Month) (Day) (Year)

AGE 10 yrs. — mos. 14 days hrs., or min. If less than 1 day

OCCUPATION (a) Trade, profession or particular kind of work Schoolboy
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) ArizonaNAME OF FATHER Henry A. BaconBIRTHPLACE OF FATHER (State or country) CaliforniaMAIDEN NAME OF MOTHER Martha Christina HuntBIRTHPLACE OF MOTHER (State or country) California

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. H. A. Bacon

(Address) _____

PLACE OF BURIAL OR REMOVAL Rockbury AgyDATE OF BURIAL OR REMOVAL June 1 1913UNDERTAKER Rockbury Agy

ADDRESS _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1913
(Month) (Day) (Year)

I hereby certify, that I attended deceased from May 30 1913 to May 31 1913; that I last saw him alive on May 31 1913, and that death occurred on the date stated above at 3:30 P.M. The DISEASE or INJURY causing

Death was as follows: Epidemic Cerebro Spinal Meningitis

(Duration) _____ yrs. _____ mos. _____ days

Was disease contracted in Arizona? yes

If not, where? _____

CONTRIBUTORY _____

(Duration) _____ yrs. _____ mos. _____ days

(Signed) A. L. Tilton M.D.June 1 1913 (Address) Kugman

Deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE _____

At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

Former or Usual Residence _____

Filed June 1 1913 August H. Smith

Local Registrar

Filed June 1 1913 John R. White

County Registrar